

State of California

CCCM # M ____ - ____

Certified Competent Conveyance Mechanic

Application for Renewal

Date _____

1. PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Drivers License number or other State issued ID # _____ State _____

Home Address _____ City _____

State _____ Zip Code _____ Phone (____) _____ Fax (____) _____

Company Name _____ Business Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ Email addresses _____

2. CERTIFICATION TYPE

Applicant understands that this Certification does not permit the applicant to perform work for which any other license may be required by the California State Licensing Board or any other agency.

☐ **GENERAL CERTIFICATION.** This certification qualifies the applicant as a CCCM on all conveyances covered by California Labor Code, Part 3, Chapter 2. An applicant shall verify employment by attaching proof of employment (e.g. report of hours from the National Elevator Industry Benefit Plan (NEIBP), documentation provided by employers human resource office), and by fully completing the remainder of this application.

LIMITED CERTIFICATION. The applicant shall check the appropriate box or boxes, complete the entire application including the signature section and submit it to the Division. This certification limits the applicant to specific conveyances named in this section. Anyone with a limited certification, who works on conveyances beyond those for which he or she has been certified, may risk losing his or her certification. An applicant requesting certification in additional classifications must complete the CCCM application instead of this renewal application.

- | | |
|--|---|
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Escalator and Moving Walk |
| <input type="checkbox"/> Platform Lifts and Inclined Stairway Chair Lifts | <input type="checkbox"/> Special Access Elevators |
| <input type="checkbox"/> Vertical and Inclined Reciprocating Conveyors | <input type="checkbox"/> Automated People Movers as defined by ASCE 21 |
| <input type="checkbox"/> Funiculars | <input type="checkbox"/> Other Automatic Guided Transit Vehicles on Guideways |
| <input type="checkbox"/> Belt Manlifts | <input type="checkbox"/> Dumbwaiters |
| <input type="checkbox"/> Material Lifts and Dumbwaiters with Automatic Transfer device | <input type="checkbox"/> Special Purpose Personnel Elevators |

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3. Qualification History

Experience. Describe duties and dates of employment since last renewal evidencing experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code.

Current or Most Recent Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

Previous Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

4. Current or Most Recent Employer's Verification of Experience

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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5. Education and Training

Additional Information: Explain or list additional skills, aptitudes, educational courses or degrees that may qualify you as a Certified Competent Conveyance Mechanic in the State of California. List trade certifications, continuing education training courses and other certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. **A minimum of 8 hours of instruction from an approved continuing education course provider, covering new and existing provisions of the regulations of the board is required.** Continuing education shall occur within one year immediately preceding certificate renewal.

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6. Applicant Signature

I certify under penalty of perjury that the personal information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California. All documents submitted will remain confidential.

The renewal fee for the biennial Certification shall be one hundred forty dollars (\$140.00), California Code of Regulations, Title 8, Section 344.30. The fee shall be attached to this application as a check made out to the Department of Industrial Relations, Elevator Safety Account. Renewal of this certification will be considered upon submittal of a completed renewal application available from the Elevator and Tramway Unit. All fees are non-refundable as provided in California Labor Code section 7311.4(b).

Two passport photos must be enclosed with this application. Digital format will be accepted as preferred. An image of the applicants signature will be used on a State of California issued ID card.

Applicant understands that certification shall not be provided to a Certified Qualified Conveyance Inspector.

Applicant Signature (Please keep signature within box and off the lines)

Date

Completed applications including mandatory continuing education certificate shall be returned to the following address:

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
Elevator, Ride and Tramway Unit, Certification Section
2424 Arden Way Suite 300
Sacramento, CA 95825
Phone: (916) 274-5709
Fax: (916) 263-1957